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02/24/2004

William O. Geny, Esq. 1600 ODS Tower 601 SW Second Avenue Portland, OR 97204-3157 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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(Depositor's name)	201	William S. Geny		
(Signature)	Them	11/1 m ()		
(Date)		May 17, 2004		
CONFIRMATION NO	TORNEY DOCKET NO	OR AT		

APPLICATION NO. FILING DATE FIRST NAMED INVENT 10/003,171 11/14/2001 James A. Van Vechten 7849.002 7346

TITLE OF INVENTION: THREE DIMENSIONAL ELECTROASSEMBLY

APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional YES \$665 \$300 \$965 05/24/2004  EXAMINER ART UNIT CLASS-SUBCLASS  CHAPMAN, MARK A 1756 430-120000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address" Indication form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address" Indication form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Chernoff, Vilhauer, names of up to 3 registered patent attorneys or agents of up to 2 registered patent attorneys or agents and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)					<b>*</b> · · · · · · · · · · · · · · · · ·		
EXAMINER  ART UNIT  CLASS-SUBCLASS  CHAPMAN, MARK A  1756  430-120000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address form PTO/SB/122 attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  Chernoff, Vilhauer, McClung & Stenzel, LLP agents of the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agent attorneys or agent agent and the names of up to 2 registered patent attorneys or agent agent and in a name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
CHAPMAN, MARK A  1756  430-120000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address form PTO/SB/122 attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	nonprovisional	YES	\$665	İ	\$300	\$965	05/24/2004
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Chernoff, Vilhauer,  McClung & Stenzel, LLP  agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	EXAMINER ART U			IIT	CLASS-SUBCLASS		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address form PTO/SB/122) attached.  The Address form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	CHAPMAN, MARK A 175			i	430-120000	. <u>.                                   </u>	
attorneys or agents. If no name is listed, no name Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	CFR 1.363).	ence address (or Change of		names of up agents OR, al firm (having a	to 3 registered pate ternatively, (2) the n is a member a regist	ent attorneys or ame of a single tered attorney or	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	PTO/SB/47; Rev 03-02		attorneys or agents. If no name is listed, no name				
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Please check the appropriate assignee category or categories (will not be printed on the patent); 🔾 individual 🗘 corporation or other private group entity	Please check the appropriat	e assignee category or catego	ories (will not be pr	inted on the paten	t); 🛛 individual	corporation or other private	group entity . 🗅 government
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):	4a. The following fee(s) are	enclosed:	4t	o. Payment of Fee(	s):		
■ Issue Fee ■ A check in the amount of the fee(s) is enclosed.	Issue Fee						
■ Publication Fee □ Payment by credit card. Form PTO-2038 is attached.		■ Publication Fee □ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies three (3)  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).	Advance Order - # of Copies three (3)  The Director is hereby authorized by charge the required fee(s), or credit any overpar Deposit Account Number (enclose an extra copy of this form).						r credit any overpayment, to copy of this form).

ublication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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05/20/2004 WABRHAM2 00000017 10003171

01 FC:2501 02 FC:1504 665.00 OP 300.00 OP 03 FC:8001 9.00 OP

Signature

PTO/SB/21 (02-04) Approved for use through 07/31/2006, QMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/003,171 Filing Date TRANSMITTAL. November 14, 2001 and appropriate and appropri First Named Inventor James A. VAN VECHTEN (to be used for all correspondence after initial filing)., Examiner Name Mark A. CHAPMAN " . Attorney Docket Number 7948.002 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication Fee Transmittal Form Drawing(s) to Technology Center (TC) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Extension of Time Request Identify below): PTOL-85 Part B Request for Refund **Express Abandonment Request** Chk # 66932 (\$974) for fees Receipt Acknowledgment Postcard CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm William O. Geny, Esq. Chernoff, VIIhauer, McClung & Stenzel, LLP Individual name Signature Date May 17, 2004 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name William O. Genv Date

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May 17, 2004

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## EE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

🖊 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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Complete if Known				
Application Number	10/003,171			
Filing Date	November 14, 2001			
First Named Inventor	James A. VAN VECHTEN			
Examiner Name	Mark A. CHAPMAN			
Art Unit	1756			
Attornev Docket No.	7849.002			

Date

May 17, 2004

METHOD OF PAYMENT (check all that apply)  FEE CALCULATION (continued)						
Check Credit card Money Other None 3. ADDITIONAL FEES						
Deposit Account:						
Denosit				Fee (\$)	Fee Description	Fee Paid
Account Number		130	2051		Surcharge - late filing fee or oath	ree raiu
Deposit Account Chernoff, Vilhauer, et al	1052	50	2052		Surcharge - late provisional filing fee or	
Name	1053	130	1053	130	cover sheet Non-English specification	
The Director is authorized to: (check all that apply)	1812 2		1812 2		For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments		920*	1804		Requesting publication of SIR prior to	
Charge any additional fee(s) or any underpayment of fee(s)					Examiner action	<b>├</b> ──┤
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805 1	,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	<u> </u>
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	<u> </u>
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254 1	,480	2254	740	Extension for reply within fourth month	
1001 770 2001 385 Utility filing fee	1255 2	,010	2255	1,005	Extension for reply within fifth month	<b>├</b>
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	<b>└</b>
1005 160 2005 80 Provisional filing fee	1451 1	,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) -0-	1452	110	2452	55	Petition to revive - unavoidable	<u> </u>
	1453 1	,330	2453	665	Petition to revive - unintentional	L
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1	,330	2501	665	Utility issue fee (or reissue)	665.00
Extra Claims below Fee Paid  Total Claims -20** = X =	1502	480	2502	240	Design issue fee	
Independent -3** = X =		640	2503		Plant issue fee	
Claims - 3 - 4 - 1 - 3 - 4 - 1 - 3 - 4 - 1 - 3 - 4 - 1 - 3 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1460	130	1460	130	Petitions to the Commissioner	
	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	LI
Large Entity   Small Entity Fee Fee   Fee Fee   Fee Description	1806	180	1806		Submission of Information Disclosure Stmt	<b>  </b>
Code (\$) Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	(37 CFR 1.129(a)) For each additional invention to be	
1204 86 2204 43 ** Reissue independent claims					examined (37 CFR 1.129(b))	<del>                                     </del>
over original patent		770	2801		,	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
[m. 0	Other fe	ee (sp	ecify) _			309.00
SUBTOTAL (2) [(\$) -U- **or number previously paid, if greater; For Reissues, see above	*Reduc	ed by	Basic F	iling F	ee Paid SUBTOTAL (3) (\$) 974.	00
SUBMITTED BY					(Complete (if applicable))	
Name (Print/Type) William O. Geny	Re	gistra	tion No.	27.		

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